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## BIB DATA SHEET

CONFIRMATION NO. 4476

|   |   |  |                               |  |                           |                                |
|---|---|--|-------------------------------|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/593,530  | <b>FILING or 371(c) DATE</b><br>09/18/2006<br><b>RULE</b>   | <b>CLASS</b><br>606                                      | <b>GROUP ART UNIT</b><br>3734 | <b>ATTORNEY DOCKET NO.</b><br>18006 US PCT (HEA)             |                           |                                |
| <b>APPLICANTS</b><br>Janel Birk, Oxnard, CA;<br>Frederick L. Coe, Santa Barbara, CA;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/08236 03/18/2004<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>04/19/2007 |   |  |                               |  |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /KATRINA MARIE STRANSKY/<br>Acknowledged Examiner's Signature                    |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWINGS</b><br>3                                  | <b>TOTAL CLAIMS</b><br>34 | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>ALLERGAN, INC.<br>2525 DUPONT DRIVE, T2-7H<br>IRVINE, CA 92612-1599<br>UNITED STATES  |   |  |                               |  |                           |                                |
| <b>TITLE</b><br>Apparatus and method for volume adjustment of intragastric balloons   |   |  |                               |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>1500  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                               | <input type="checkbox"/> All Fees                            |                           |                                |
|   |   |  |                               | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|   |   |  |                               | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|   |   |  |                               | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|   |   |  |                               | <input type="checkbox"/> Other _____                         |                           |                                |
|   |   |  |                               | <input type="checkbox"/> Credit                              |                           |                                |